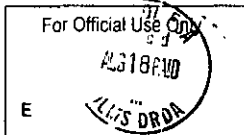


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number J- 13020	2. Fiscal Year Covered From 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name VERGIL BELFI P.O. Box, Bldg., Room No., if any Street 5638 MURDOCH AVE City ST. LOUIS State Missouri ZIP Code + 4 63109	4. Name, file number, and address of labor organization. Name INT'L UNION OF OPERATING ENGINEERS LOCAL 2 Labor Organization File Number 007074 P.O. Box, Building and Room Number, if any Street 2929 S CEFERSON City ST. LOUIS State Missouri ZIP Code + 4 63118
5. Position in labor organization. BUSINESS MANAGER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg. Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)		
Signed <u>Vergil L. Belfi</u>	On <u>8/12/05</u>	<u>314-865-1300</u>
	Date	Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name KAMMER & ASSOCIATES, INC.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 167 LAMP AND LANTERN VILLAGE

City CHESTERFIELD

State Missouri ZIP Code + 4 63017

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name INTL UNION OF OPERATING ENGINEERS LOCAL 2

Trade Name, if any: HEALTH AND WELFARE FUND

P.O. Box, Bldg., Room No., if any

Street 2929 S JEFFERSON

City ST. LOUIS

State Missouri ZIP Code + 4 63118

11.a. Nature of such dealing.

KAMMER AND ASSOCIATES, INC IS THE ACTUARY OF THE IUOE HEALTH AND WELFARE FUND. VERGIL RECEIVED IN DECEMBER A \$100 GIFT CERTIFICATE FROM EMIL KAMMER AT KAMMER & ASSOCIATES, INC.

11.b. Approximate dollar value of such dealing. \$100

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing VERGIL BELFI

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NDE LOCAL 2 TRAINING FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2929 S JEFFERSON

City ST. LOUIS

State Missouri ZIP Code + 4 63118

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

VERGIL IS THE ADMINISTRATOR OF THE NDE LOCAL 2 TRAINING FUND. VERGIL PAID VARIOUS EXPENSES OUT OF POCKET AND THE NDE FUND REIMBURSED VERGIL FOR THOSE EXPENSES. THE EXPENSES WERE FOR OFFICE SUPPLIES AND TRAVEL TO NDE MEETINGS.

11.b. Approximate dollar value of such dealing.

\$716

12.a. Nature of interest held or income received.

12.b. Amount.